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Ten forms of recognition and misrecognition in long-term care for older people

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Abstract: During recent decades, theories of mutual recognition have been intensively debated in social philosophy. According to one of the main theorists in the field, Axel Honneth, the entire social world may be based on interpersonal recognition (such as mutual respect, esteem and care). Our aim is to study what it would take that residents in long-term care would become adequately interpersonally recognized. We also examine who could be seen as bearing the responsibility for providing such recognition. In this paper, we distinguish ten aspects of recognition. We suggest that in order to support residents' dignity, long-term care should be arranged in a way that preserves residents' full personhood regardless of their cognitive or other abilities: the mere fact that they are human persons is a ground for recognition as a person. But further, in good care residents' personal characteristics and residents' ties to significant others are also recognized to enable them to feel loved, esteemed and respected.

Keywords: recognition, personhood, institutional care, older people, respect, esteem, love

1 Introduction

Theories of mutual recognition attempt to elucidate what it is to regard others as persons, and how such regard is constitutive of basic human sociality. In the debates concerning the importance of recognition, interpersonal recognitive relations have been seen as central for personhood, self-realization and the development and sustenance of personal identity.¹

¹ In fact, recognition has been argued to be central for the existence of not only persons but also groups and institutions, and central not only for their existence, but for their central valuable qualities and aims such as self-realization, dignity, integrity, autonomy, freedom,

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In the theories of recognition “universal recognition” and “recognition of particularities” have been distinguished as separate subcategories (Taylor 1995).² The former concerns the ways in which human persons are all equals and have equal dignity. The latter concerns the ways in which humans differ from each other, and have different particularities worth recognizing and cherishing – and justice may demand that each is treated in accordance to their merits or needs, which may differ from individual to individual. Further, recognizing the “singularity”, the unique existence and identity of everyone as an irreplaceable individual is yet another form that recognition can take (Laitinen 2002). In Honneth’s (1995) terms, this threefold distinction can be reformulated so that recognition is a matter of universal mutual respect (crucial for the self-respect of each), mutual esteem for the particularities (crucial for the self-esteem of each) and care or love for the individuals as needy, vulnerable beings (crucial for the self-confidence, self-approbation or “self-love” of each). Arguably then also long-term care should always be provided in a way that supports one’s self-confidence, self-respect and self-esteem. And if recognition is subdivided in more fine-grained ways, they all are relevant in long-term care; or so at least this paper argues.

So far, theories of recognition have mainly been applied to the phase of normal adulthood, and in some cases to the development of children (Benjamin 1988; Honneth 1995) or more rarely, youth (Barry 2016), or disability (Ikäheimo 2009). It is a striking omission that old age has not been discussed as a specific phase of life regarding philosophy of recognition, as it certainly has its own particular features, its own patterns of dependence and independence.³ One form, which this dependence may take, is life in long-term care. In this article, we aim to conceptualize long-term care in terms of interpersonal recognition. We ask how different agents could perhaps better help maintain the dignity and identity of the older people in long term care, when the recognitional aspect of the situation is brought to the fore.

In what follows, we will first address recognition of the very existence of an individual as a singular being (Sections 2.1–2.2) and then go through four aspects of universal recognition in the context of long-term care (Sections 3.1–3.4), and four most relevant aspects of recognition of particularities (Sections 4.1–4.4), adding up to ten key aspects of recognition. We then go on

solidarity and justice. See (Ikäheimo and Laitinen (eds.) 2007; van den Brink and Owen (eds.) 2007; Schmid am Busch and Zürn (eds.) 2010; Ikäheimo and Laitinen (eds.) 2011; Laitinen and Pessi (eds.) 2015; Lysaker and Jakobsen (eds.) 2015).

² In Taylor’s (1995) parlance, universal recognition and recognition of “difference”.

³ Cf. however Pirhonen and Pietilä (2016).

to discuss the nature of mutuality or reciprocity in recognition – what forms does that take in the context of long-term care? It will supposedly be a different constellation of dependence and independence from other contexts in human life (Section 5). We end by asking whose responsibility it is that everyone receives due recognition of personhood in long-term care (Section 6). We end with a brief conclusion (Section 7). This study, being theoretical, is not based on any strict empirical data, but we highlight some of the findings with our own knowledge and experience of long-term care.⁴ We suggest that the ten-pointed list of features of recognition, presented in this paper, might be utilized in constituting more dignity-enhancing frameworks for the delivery of long-term care.

2 Having one's existence and singularity recognized

There are many layers to full recognition of older persons, and we will go through them in what follows – the minimal core is the recognition of biological, social and institutional existence, lack of invisibilization.

2.1 Recognition of someone's existence vs. invisibilization

Experiences of lack of recognition are connected to the theme of social invisibility (Ellison 1952; Honneth 2001). It is rather obvious that we recognize embodied human persons as something *existing*, whether or not we recognize them as humans or as persons. We recognize their physical or biological existence, even in extreme cases when their social existence is denied.⁵

4 All empirical material of this study is drawn from Pirhonen (2015) and Pirhonen (2017) and comes from the Finnish context. In different cultures and service systems, the cases could be different, and different forms of misrecognition and recognition could be salient. As the phenomena of the need for recognition and of getting old are universal, however, the needs for recognition listed here are not very culture-specific.

5 Recognizing the physical or biological existence of a living human organism is very easy and deeply rooted in us. When four nurses are taking a patient in a coma to an elevator, which can take up to four human beings, they have no problem in counting to five human organisms: four nurses and one coma patient. This is so independently of their views of when humans count as persons.

In that respect, individual human persons differ from political states, groups or other composite wholes, concerning which it is meaningful to doubt whether the whole exists at all. It is useful to clarify that contrast, to see better what social invisibility does *not* mean in the case of human persons: it is not a denial of existence as a living entity of some sort, but rather a denial of social relevance and status, of *social existence*.

By contrast, the very existence of groups, states and other composite wholes can be doubted. For instance, in their collection on recognition and international relations, Lindemann and Ringmar (2012) suggest that one form of recognition is that of recognizing the *existence* of a state. In that context it is understandable that even existence can be contestable: does some candidate political community really count as a state?

Existence of composite wholes can in general be a matter of rival interpretations: is there something over and above the parts that counts as a whole (van Inwagen 1990)? In addition to the individual trees, is there a forest? Is the forest to be recognized as an entity in its own right? Or in the context of human groups, is there really a group-entity to be recognized in addition to the individuals? Are the spots on the floor of an art museum mere dirt to be swiped away by a cleaner or are they part of a work of art?

In principle, the same question applies to humans. Living organisms are however paradigm cases of entities that are wholes consisting of parts.⁶ The process of living includes a form of self-recognition: any living organism sustains itself in its surroundings, and has an operative principle distinguishing itself from its environment. It is a functioning system with its own criteria of self-individuation. Recognizing human-sized living organisms is so automatic that it is unimaginable in many circumstances how one could fail. It would be highly hypocritical for, say, a murderer to claim, that “I did not realize that it was a whole human being – I only stabbed at the heart, which is just an organ. That a heart failure caused a death is not my doing”.⁷

Given that human beings, in the biological sense of the term (we will introduce another sense below), are living organisms, contestable issues of existence of a living composite being are located mostly at the beginning (say, in debates on when a fetus counts as a human being) and the end (what criterion of death to adopt) of life.⁸

⁶ van Inwagen (1990). Even organisms, however, face the metaphysical “problem of the many”. See Weatherston (2016).

⁷ This classic example comes from Hegel 1991, § 119R.

⁸ See e.g. Quante (2002).

What would it be for a human being not to be recognized as existing? Well, one possibility would be that there is no recognizer around who is aware of the existence of this human being, possibly living as a hermit. Perhaps it is also possible in some circumstances not to notice someone's physical presence, but normally humans are pretty reliable in noticing someone else's presence in the same space.

So called "invisibilization", not granting someone, say a servant, *social* existence despite clearly visible *physical or biological* existence, is discussed e.g. by Ralph Ellison (1952) and Axel Honneth (2001).⁹ It is to behave (e.g. undress oneself) as if there is no-one else in a room, or not count that person as a participant in relevant conversations or interactions. Such social invisibilization is a complicated phenomenon, typically involving learned and internalized *self-invisibilization*. It is harder to "look through" someone who signals that they will protest against that kind of stance. A gorilla or an elephant in the room is harder to ignore than a disciplined human servant.

Merely being accepted as a resident in long-term care is, among other things, a form of recognizing the human being's social and institutional existence (as well as biological existence, of course). Even if the treatment is dire and constitutes misrecognition in other respects, at least the social and institutional existence is confirmed. Such recognition (like recognition in any of its forms) is the more robust the more people grant it, and the stronger institutional form it takes.

A problem can however rise, in places producing care, if recognition is only symbolic but not practical (Laitinen 2002). In such cases, older people are recognized symbolically: they exist in their setting, they are signed in as residents, they have received their own personal treatment plans, they have their own rooms, they are physically present and so on. Yet in spite of this symbolic recognition, practical recognition isn't always fulfilled. Everyone who has worked in long-term care facilities knows that sometimes bedridden people are treated just as if they were not part of the social world. Nurses may turn bedridden patients around in their bed to change diapers and speak with each other at the same time, just as if that older person was not there. Members of staff sometimes pass by residents who have asked for help, answering "just a sec" or "in a while" all over again. In every interaction, recognition of existence as a person is a matter of taking a personal contact. The idea is that one should *encounter* a person when one meets a person. There are of course situations, where engagement or more than superficial interaction are not called for (say, in

⁹ Social invisibilization and reification can be ways of not recognizing the personhood (what the person shares universally with all persons), the significant particularities (the kind of person one is) or the singularity and irreplaceability of the human being.

respecting someone's privacy or navigating in a crowd). However, when they are called for, lack of responses may amount to experiences of social invisibility.

2.2 Recognizing someone as a unique, singular, irreplaceable individual that matters vs. being a replaceable burden

Personhood is a very strong moral and normative notion: it implies very strong *universal* moral and normative standing, which has arguably several different aspects, which we will go through in Sections 3.1–3.4. It also implies having a personality, character, qualitative identity, being a certain *kind* of person with various particularities, merits, talents and achievements that we can esteem or disesteem, like or dislike, cherish or wish to change (see Sections 4.1–4.4). But independently of such particularities, each of us is a “singular”, irreplaceable person, leading one's own life, facing one's own death (Laitinen 2002; Ikäheimo 2002). While the universal perspective focuses on the fact that someone is a person, and whereas particularities are a matter of *what kind of* person is at stake, singularity is a matter of *which* irreplaceable person is at stake.

The roles of parent, child, spouse, sibling, relative, friend and lover are relationships with their own “grammar” or “logic”. By this logic, the other is an irreplaceable, unique individual. They are not like any replaceable roles or offices one might have – even though one may have several children, each of them is irreplaceable. In relationships of friendship or love, it would be absurd to think that one's friend or loved one can be swapped with someone similar enough. The emotional attachment is to the special, singled out individual.

The love or care or concern or attachment constitutive of the recognition typical to these relations is neither “universalistic” (we are not in special relations with everyone), nor conditional on esteemed particularities – it is not a reward for a job well done. It may be highly sensitive to particular features *because* they are the loved one's features. This kind of concern can therefore be called “recognition of singularity”.

In hospitals, one can sometimes hear staff referring to patients using the number of their room and bed; say, “‘number two in three’ needs to be washed’ (i.e. the patient in the second bed in room three). One can understand the practicality of this practice in a hospital, where patients come and go all the time (though one does not need to approve it even there), but in long-term care this would be inexcusable. They are not patients or inmates, but persons who live there and who need a lot of assistance to cope with their daily lives. From the viewpoint of the elderly, this may create a feeling of being nothing but a burden for the staff. For sure, the idea is not to model the relationship between

the staff and the elderly as that of full-blown love, friendship or family membership, but it is important to stress that some genuine care and concern for the irreplaceable, unique individuals is to be expected – to remove the impression that the elderly are a mere burden.

Further, it is important to leave room for the elders' own friendships and relations to significant others. The relationships of love and friendship, where one is recognized as a unique, special individual, are experienced and expressed from within in a participatory mode. Everyone *else* can recognize and respect such relationships and their significance to the participants also from the outside, without being a party to *that* relationship. Recognizing residents' significant others is another aspect of recognition to consider. Our significant others are the foundation of our identity (Honneth 1995; Laitinen 2002). This fact has already been widely appreciated at least at the symbolic level. Written business-ideas of nursing facilities bristle with terms like "inclusion", "co-operation" and "acknowledging the close ones". Yet the mundane interaction of the nursing staff and the residents' close ones may be something else (Foner 1994, 1995; Gubrium 2012). There certainly are places where the importance of the close ones is actually recognized also in practice, but often the close ones may be seen as annoyances and extra obstacles. Importantly, long-term care could make use of close ones because every single pair of helping hands is usually a relief, and active close ones might relieve the part of the total burden of the staff. In addition, close ones are sometimes vital informers when we think about maintaining someone's identity, especially in cases of cognitive impairments.

3 Universal recognition

It is a fundamental moral premise of modern life that all human persons are equal, all have equal dignity and equal human rights, each counts as an equally important recipient of justice, and an agent of collective self-rule – that there are no second-order "citizens", but that all enjoy participatory "parity" as peers (Fraser and Honneth 2003). Even if equal treatment is not always a good norm (as people have different needs that the "one size fits all" treatment may ignore), we should always treat people *as equals*. The term most widely used for recognition of equals is that of equal *respect*. Unpacking this pregnant idea of equal respect leads to many different related ideas, of which we here pick up four (with no presumption that this exhausts the aspects of universal respect).

However, universal personhood is sometimes understood in narrow "atomist individualist" ways, which forget the fundamental dependence of human

persons on one another, and this may lead to some tendencies of exclusion of the elderly. As MacIntyre (1999) puts it, we are dependent rational animals. We should always recognize our biological nature as well. We are vulnerable and needy, we grow old and die and we feel anxious about it. This side is always in us but it is highlighted in old age. Our youth-oriented culture tends to see old people, as well as people with disabilities, as some kind of others (Pirhonen et al. 2015). One probably cannot find a long-term care facility in Finland that has not written the word “individual” in its business idea. That is not surprising considering our (neo)liberal values highlighting freedom and self-rule (Agich 2003; Portacolone 2011; Schafer et al. 2013). Residents incapable of expressing their needs (because of cognitive impairments or so) are not residents without needs. Highlighting freedom and self-rule highlights communicational abilities, which is evidently problematic in long-term care where there are lot of people with cognitive disabilities (Agich 2003; Nussbaum 2009). Recognizing the autonomy of individuals whose capacities are diminished should come in degrees even though degrees do not matter within the range of full personhood.

3.1 Recognizing the dignity of a resident vs. humiliation

Basic rights belong to all persons simply because they are persons, independently of which person is at stake (“singularity”) or what kind of merits or achievement or other features that person has (“particularities”). The basic moral standing of persons concerns all people, whether abled or disabled, young or old, whether with sharp wits or demented and insecure. Importantly, persons have this moral standing throughout their lives, independently of the high or low degree to which they are in fact capable of autonomous decision-making. The high moral standing, or the dignity of persons, is thus in a sense more basic than those rights and responsibilities that depend on actually being able to make autonomous decisions (such as the right to self-determination).

Recognizing the dignity of a person amounts first of all to recognizing this basic standing and the basic human rights that are based on it. Furthermore, recognizing the dignity of a person amounts to treating him or her without humiliation. As Avishai Margalit (1998) puts it, “dignity constitutes the external aspect of self-respect”. Thus treating one in a dignified manner in long-term care is treating her in a manner not violating her self-respect, i.e. without humiliation. We can further follow Margalit (1998) in calling “decent” those practices that do not humiliate the residents.

One interesting aspect of dignity in long-term care is a phenomenon we call “adaptability of shame”. Feeling shame is something else than feeling humiliated.

Humiliation is fundamentally wrong when it is an affront to one's dignity or standing as an equal human being. Shame is a milder version of social inconvenience. While humiliation deals with *what we are*, shame deals with *how we seem to be*. We can be ashamed or embarrassed when someone accidentally hears our singing in the shower, but we do not feel humiliated. Things that cause shame differ between individuals, and may change during our life courses, and are context-dependent. Whether something is humiliating or 'merely' shameful or embarrassing may be a matter of what is necessary in a context: it would be a humiliating practice to demand one to undress in front of others, say, to get one's unemployment benefits, but it is not humiliating if one has to be naked when being washed in long-term care.

3.2 Recognizing the collective and personal self-determination of a resident vs. disenfranchisement and paternalism

To be denied one's active rights in collective self-determination, to be disenfranchised, is a literal case of being treated as a second class citizen. The possibility to vote in every public election is secured in Finland by institutional voting. This means that a polling station is built in every institution (prisons, hospitals, long-term care etc.) and there are politically neutral assistants to help those with disabilities. The increasing number of demented older people might call for new forms of participatory democracy. Many people are simply incapable of voting or even of understanding what voting is about. Martha Nussbaum (2009) has proposed using a guardian in cases of people with cognitive disabilities. Equal recognition "requires that the person's guardian be empowered to exercise the function on that person's behalf and in her interests, just as guardians currently represent people with cognitive disabilities in areas such as property rights and contract" (Nussbaum 2009: 347). Nussbaum is talking about people born with mental disorders, but suggests that idea might be adjustable to cases of adult people with senile dementia. Many older people have guardians (close relatives or court ordered ones) to protect their economic interests, so why not to give them the right to vote on behalf of incapable older people? Sure there would be cases of misuse of this right, but the "one man, one vote" principle would be secured and it is not impossible that most guardians would act in a proper way in the best interest of their client (Nussbaum 2009).

Another aspect of participatory democracy is control over one's own environment (Nussbaum 2007, 2011). In long-term care, this would mean control over the daily life of the particular institution one is living in. Residents are the core,

around which the whole institution is built, so residents should be in charge considering the practices and daily routines of the place. It might be good to have some kind of council of residents or coalitions of residents and their close relatives to protect the interests of old people. It is far too common that the daily life of residents is dictated from outside, from the needs of the institution.

Waking up residents in the morning is a good example. Suppose the morning shift of the nurses starts at 7 am. This means that residents are woken up after seven, due to staff's need to manage their duties during the shift. This leads to tragicomic situations in which a nurse could wake an old person up saying: Good morning! You have to wake up now because you are retired and you will probably have nothing to do today! Being retired turns into being tired.

The personal autonomy of a resident covers the right to self-determination on one's own to the degree that the resident is able, and to "assisted autonomy" to the degree that that is within the capacities of the resident (whereas political or collective autonomy of residents is the right to participate in collective self-rule, as a citizen of the state, and as a participant in local democracy).

Personal autonomy refers to the fact that human persons lead their lives, are able to govern themselves, make their life-choices, from small to big. All autonomous persons are alike in that they lead their lives and make their life-choices. *What* the choices are constitutes their identities and life-stories, and those naturally are different for different individuals. The subjective right to lead one's life is not dependent on the choices one makes, it is a universal right based simply on the capacity to have personal autonomy. To be denied that right is to be treated in a paternalistic manner, to be looked down on as people who cannot take charge of their own lives.¹⁰

This is clearly wrong as far as an old person is competent to form her own will and express it unambiguously. However, it does not promote dignity to make an incapable person take up the baton for herself. A good example of this is related to medical treatment. Is it acceptable, in any circumstances, to mix medicine with food if an older person would not take it otherwise? If this person refuses to take her medicine and backs up that decision with justifiable reasons, she is certainly entitled to do so. But if she refuses to take her pills referring to an obviously wrong or false reason, it is equally acceptable to try and persuade her to take the pills, but then again, she has a right to make her own mistakes. This presupposes that she has the competence to consider things and occasionally make mistakes. If she is obviously

10 Recognition of the personal autonomy of a long-term care resident sustains her dignity and humanity. But it is important to note that the demand to respect someone's dignity does not come in degrees in the way that the capacity for self-determination may come in degrees.

incompetent to make up her own mind, and cannot express herself, other people should take responsibility for her. If she spits out the pills, this need not be a sign of deliberation as the reason might be the taste or size of the pills. To make an older person, no longer able to deliberate, take her pills can be a form of taking responsibility for her. As the capacities that autonomy presupposes come in degrees, also the right to participate in personal self-determination should come in degrees.

3.3 Having one's voice recognized vs. epistemic injustice

Below such institutional or political recognition, and issues of collective self-determination, there is a vast array of social interaction where it is important to experience having a voice. Even though the conversation may concern matters of no practical significance, one may feel unrecognized if one's opinions never count in the debate, if one does not have a say.

We once witnessed an interesting conversation in a sheltered home. There were four female residents with cognitive disabilities sitting around a table. On the face of it, it looked like a normal conversation; people talked in turns, nodded their heads when another one was talking, making concessive sounds, etc. But when we listened to what the conversation was about, there was no logic in it. Everyone had a different topic that even changed during this session. So the conversation had no proper contents but the participants obviously enjoyed the situation. That is how deeply social beings we are and how important it is to us to express ourselves to others. The need for conversational recognition is deep in our moral fiber. What follows is that long-term care facilities and practices should be planned to encourage residents to join together. Cozy and easily accessible common rooms are vital for communicational recognition.

There are well-known biases in who gets listened to in a conversation, for example gender biases against women. These have been termed kinds of "epistemic injustice" (Fricker 2007). Old age is an interesting topic in this respect: in many cultures the elderly have very securely recognized conversational standing, they are listened to thanks to their experience. However, in many cultures the elders have been pushed aside as no longer active participants. In the modern West, in institutions of long-term care, the dependent status has a tendency to lead to a kind of conversational misrecognition – the elders who are being cared for do not always count as having a voice in the full-fledged sense. For example, it is common that when an older person runs errands with an escort, people tend to speak to the escort instead of that older person herself.

3.4 Equal recognition in the fair distribution of care vs. inequality, favoritism and discrimination

Let us take the Finnish long-term care system as a case to illustrate how the fairness or unfairness in the distribution of care can directly be a form of recognition or misrecognition.¹¹

Finnish long-term care has so far been funded mainly by public resources, i.e. tax money. It is a statutory obligation for municipalities to provide older citizens long-term care when they need it. Municipalities do not have to produce the care themselves, they can buy it from private producers. Of course older people can also buy the services themselves, if they can afford them, and municipalities can support that with subventions. This complex field is complicated by the fact that there is a vast diversity of care available; geriatric hospitals, nursing homes, sheltered houses, senior housing, family care and home care, both private and public. This complexity could in principle be seen as a way of counting older people as equals; everyone can choose what best suits her situation. However, this complexity holds a threat against recognizing older people as equal recipients of just and fair treatment and care distribution. First, what is available differs regionally. For example, in small municipalities there might not be any private producers of care to choose from. Second, the quality of care differs a lot because there are not enough resources for proper control by authorities. Third, the costs of care differ between both municipalities and private producers of care. The difference between the cheapest and the most expensive care can be thousands of euros per month. Fourth, different municipalities pay different sums for caring for close relatives. Long-term care is nowadays a bit like a jungle, where the fittest survive the longest.¹²

11 We will return to the responsibility of various institutions as providers of various other forms of recognition as well below, in Section 6.

12 For example in today's Finland, another threat to recognizing old people as equal recipients of just and fair treatment and care distribution is the ideological hegemony of home care. "Every old person wants to live at home" is the constant refrain in social politics. It has even entered legislation as the present law considering public services to old people stresses clearly the primary nature of home care (Finlex, 2012). Based on prior studies it is true that home is the preferred living place for a majority of old people (Jolanki 2009). But this is partly because old people are afraid of institutional long-term care (Pirhonen et al. 2015). Old people seem to fear that their autonomy and dignity will be compromised when becoming a resident in long-term care, where "the elderly are dragged from place A to place B" as a 90-year-old lady put it (Pirhonen et al. 2015: 9). In other words, old people fear that they will not be recognized anymore.

One key issue concerning fairness is treating people as equals. In some cases this means treating people equally (say, one vote per one human), in a “one size fits all”-kind of treatment. But in cases of special needs, treating people as equals may demand providing more resources to ones with special needs – wheelchairs are a classic example (Sen 1980). Even in cases where resources should be distributed differently in the name of fairness, it may be that there is some other “measure of justice” in light of which people thereby receive equal treatment. Equal (sufficient) capabilities might be such a measure: guaranteeing equal capabilities may require distributing different amounts of resources to different people (Sen 1980).

While the capabilities-approach gives a very appropriate focus for elderly care (which should aim at prolonging the years of capable agency), it is unrealistic to aim at equal capabilities as a measure of just treatment in old age, as if people’s capabilities would not naturally be in a process of weakening. [The same goes for “prioritarianism”, which might suggest spending even all resources benefiting the worst off (Parfit 1991).] It is more realistic to stick to the more vague formulation of regarding everyone *as equals*, and to recognize the special needs and levels of capability available as the basis of fair treatment of everyone. An intuitive sense of justice does grant that resources should be distributed with some consideration for special needs, but too rigid focus on *equal* level of capabilities would bias the distribution and perhaps be unfair to the relatively better off. Failures of recognition are especially visible, when some people are systematically treated too well (favoritism), and some too badly (discrimination). But in principle, all unfair treatment can constitute a failure of recognition as an equal; even when no clear patterns of favoritism or discrimination are at play.

4 Recognizing particularities

Whereas universal recognition starts from the basic intuition that all human persons have the same dignity and an equal high status, recognition of particularities focuses on the multitude of ways in which we are different. Given that even universal recognition contains many aspects (above we discussed several: recognition of dignity, of personal and political autonomy, of one’s standing as an epistemically competent conversational partner and equality), it is all the more obvious that there can be very many kinds of particularities whose recognition matters to individuals. Many particularities can be held in esteem, or valued or rewarded highly. These include one’s merits, deserts, achievements,

contributions, abilities, virtues, excellences, efforts; one's roles, offices, memberships and special standings; and one's life-story or identity.

4.1 Recognition of merits, achievements, contributions, talents, efforts vs. contributive injustice

Whereas both universal recognition and recognition of singularity are unconditional on one's achievements (one need not deserve the moral status of a person, and one is not loved in accordance to one's merits), it is also important to get positive feedback on one's achievements and contributions. It is important to have the self-secure feeling of being a useful member of the society or the group. Such particularistic esteem is ideally given in relation to one's achievements, contributions and talents. There are thorny issues in what exactly should be the relevant "particular feature" to be recognized: talent, effort, contribution to shared aims, excellence in what one does, merits in the way one does it etc. In principle, all these may be relevant in different ways. (Laitinen 2002).

While this can lead to unhealthy competitiveness, and the broader culture may make people worry too much about how they are faring in this respect, there is no denying that it may be important for people to be recognized as having contributed to others' lives, or having done one's job well. Stephan Voswinkel (2012) has distinguished between two forms of such esteem, "admiration" for special, unique path-breaking individual achievements and "appreciation" of ordinary useful deeds, and argued that contemporary culture overemphasizes the former and tends to overlook the importance of the latter.

There are specific temporal dimensions to such esteem in the case of the elderly (see Section 4.3. below), but in abstraction of the temporal dimensions, the recognition at stake here is conditional on one's contributions. To some extent, these are institutionalized in role-expectations: a nurse is expected to be of help, and ideally such helping behavior is also publicly recognized in the general esteem of nurses. Arguably, nursing is, however, a field which is systematically under-esteemed, and being a "pensioner" may also be seen merely as a burden instead of being an esteemed contributor (see Section 4.2 below).

Over and above the role-expectations and the "automatic" esteem granted to people in roles, personalized feedback for doing one's job well is important for people. It would be good to provide space and opportunities for the elderly to contribute to the daily life in their environment, in case they are motivated to do so. A mere "thank you!" or other genuine symbolic recognition of such voluntary contributions might be the best reward and the most efficient motivator for the elderly to stay active to the degree that they can.

In one of our prior field studies, we encountered a former florist living in a sheltered house.¹³ She personally took care of every plant indoors and out. It was a true win-win situation; this woman saved time and effort of the staff, had something meaningful to do and could reassert her previous identity. At the same time, she was able to get esteem and gratitude for her contributions to her community of that time. Residents should always be encouraged to participate in the daily work of their setting according to their abilities because experiences of being needed and doing one's share are vital for our self-esteem.

There is a variety of ways in which this kind of recognition may be lacking: one may lack the opportunity to acquire skills (lack access to training or education), or to exercise them by contributing to the common good (say, because of unemployment). These can be called cases of “contributive” (as opposed to “distributive”) injustice (Sayer 2009). Or then, one's factual contributions may be taken for granted and go unseen (as in the case of unpaid and unrecognized household work) (Honneth 1995).

4.2 Recognition in standardized roles vs. impersonality and misattributed roles

Role expectations are an important part of the ethical grammar of social life. It would be a highly chaotic world if there were no roles with corresponding tasks, expectations, duties and rights. Adequate recognition means among other things that the role-holders act appropriately and humanely in their roles, and that the role-holders' rights and tasks are appreciated.

In long-term care these standardized roles may lead the social interaction into an impersonal direction. One key feature is that individuals are *replaceable* from the viewpoint of the role-expectations. In the field of nursing, recognizing residents as particular individuals can easily give way to recognizing them as ‘patients’ or ‘clients’. This is especially so, when the turnover of workers is faster than the turnover of residents, as it usually is in long-term care, at least in Finland. When a nurse does not personally know the resident, the danger grows that she will get a standardized treatment and will not be recognized as a particular individual.

In one of our field studies, we encountered a resident who was unable to communicate with nurses.¹⁴ Her daughter had told the staff – many times – that her mother drinks only from a glass because she wants to see her drink properly.

¹³ The field studies for Pirhonen (2015).

¹⁴ The field studies for Pirhonen (2017).

Probably due to the turnover of the staff and poor communication this woman was usually given a red plastic mug (which was the standard procedure), and as she could not see her drink properly, she ended up not drinking it.

It is also illuminating to see how Talcott Parsons' (1958) idea of "the role of sick person" fares in the context of long-term care. Parsons holds that the "sick role" relieves us of the role expectations of our other roles. A sick person may, for example, be absent from work. There is, however, one key role expectation – a sick person is expected to do everything to be able to get rid of the sickness to take back all the other roles. For example, she has to follow the doctor's orders and try to get better. This does not fit older people residing in long-term care. Being old is not a sickness and one is not expected to "get better". Residents are not patients, they are people living their lives in care facilities. In that sense in long-term care facilities nurses are not merely "nurses" but more like neighbors; and older people are not "patients", but people in need of assistance.¹⁵ Thus, rather than "fake doctors" that sometimes are reported in the media, a more imperceptible problem might be that of "fake patients".

Misrecognition in relation to "roles" can thus be manifold: in addition to injustices in the access to public roles, there can be relative underappreciation of some roles (nurses are a case in point in many societies), and some role-holders may abuse their powers. Additionally, there is a danger of misattributing some roles such as that of "the sick" to people who are not sick at all, just old.

4.3 Recognizing old age as a significant feature vs. "age-blindness" and ageism

Old age adds some more aspects to consider. We should resist not only explicit negative valuation of old age, as in ageism, but also avoid a more implicit blindness to the positive significance of old age. In debates on recognition, the "blindness" constitutive of universalistic justice has rightly been applied to many features, but these features may also deserve positive attention: the positive significance of old age is one such feature.

Recognizing older people calls for recognizing their life-long contribution to the common good and not merely recognizing their current contributions. It is good to keep in mind, that residents are retirees; they typically have already done their fair share. For example in Finland, those receiving long-term care now are the ones who earlier contributed to building the welfare state. They might be seen as "honorable taxpayers" for funding our common good for such

¹⁵ When the spouse is the care-giver, the role expectations are a blend of both roles.

a long period and continuously paying taxes out of their pensions. True recognition of one's occupational trajectory might manifest as treating her as an expert of her trade as in the case of the florist mentioned above. Yet, it is important to acknowledge that towards the end of one's life one need not be as active as before, as one has earned a public license to rest.

Older persons could perhaps be seen as experts in life. Ricca Edmondson (2009) writes about wisdom as a potential to make sense of life. The wisdom, which has accumulated during one's life course, has the capacity to play an important personal and social role in a society and it provides a rationale for offering the fruits of older persons' insights and deliberations to younger generations. Aristotle (*Nicomachean Ethics*, 1142a15) held that a young man could be a great mathematician, but not a politician because he lacks practical wisdom.

Another positive notion connected to old age is freedom. Warren and Clarke (2009) found out how older persons valued freedom from looking after others and from occupational constraints. Pirhonen et al. (2015) studied community-dwelling nonagenarians' (between 90 and 99 years of age) feeling of autonomy. They found out that men appreciated freedom from previous responsibilities and women appreciated freedom from manifold daily tasks. Could we perhaps recognize older persons as 'senior consultants' and 'free agents' whose expertise is valuable and desirable as it is?

4.4 Recognizing identity vs. forcing an external image

No-one can be reduced to a mere role, mere age or other particular feature: everyone is a whole person, leading a whole life. It is vital to maintain the continuity of our identity, which could be seen as our own mental space. We do negotiate our identity in relation to other people during our life course, but we need some private space to do this (Antaki and Widdicombe 1998; Cummins 1996; Laitinen 2010). Honneth (1995: 173) holds that "the only way in which individuals are constituted as persons is by learning to refer to themselves, from the perspective of an approving or encouraging other, as beings with certain positive traits and abilities". This means that during our whole life course we are "persons in the making" so recognition is constitutive by nature. Feedback from others is important still when we are old and live in, say, sheltered housing.

Recognition seems to be both creating and maintaining identity (Laitinen 2002). When we grow old, our identity can be threatened in many ways due to our declining ability to function and fluctuating social status (Laitinen et al.

2016). This gains importance, when we move from our home to long-term care. We are not as fully in control of our environment anymore, and part of our previous autonomy is irresistibly slipping away. The maintaining nature of recognition is now needed. Say, the resident in room 246 can be treated as a new inmate of an institution or as John, whose spouse still lives at home, who has two children and six grandchildren, who is a former engine driver and an active agent in a trade union, a biker and a folk dancer, who currently lives in a sheltered house. John may not recognize individuals around him in the current facilities or his current phase of life, but he once did. And undeniably he still is his wife's husband, his children's father and so on. To sum up, recognition has the power to create an inmate-identity to John or maintain his previous identity in a sheltered home.

5 Reciprocity of recognition

In this subsection, we briefly touch the issue of reciprocity or mutuality. Theories of recognition stress that, as it takes two to tango, it takes two to mutual recognition. Each relationship between two autonomous beings has its own dynamic, and the above mentioned guidelines will remain rather abstract. Recognition is intentional by nature. When A recognizes B as C, her mind is directed towards B. But is it necessary that B recognizes A back in some way to be able to speak about full recognition in this relationship?

Laitinen (2010) holds that there are two kinds of interpretations of the role of the recognized person in a relationship. According to the strict conception, we can speak about due recognition only when the recognizee recognizes the recognizer as a competent recognizer and values the recognition she gets from the recognizer. In a case of a sheltered home resident and a nurse, the resident should first understand that the nurse recognizes her. Second, she should recognize the nurse as a competent recognizer, and third, she should value the recognition provided by the nurse. This kind of strict interpretation may exclude the majority of residents in Finnish sheltered homes from the realm of recognition as cognitive impairments are the most common reason to get a place in a sheltered home. Cognitively impaired persons may emotionally sense the provided recognition (or misrecognition) in a nurse's attitude. We have for example seen in sheltered homes how the hastiness of a nurse, due to lack of time, easily causes anxiety among persons with memory disorders. However, cognitive comprehension of recognition is often out of residents' reach.

Even in cases where mutual recognition in the strict sense is not possible, a broader conception of recognition might be fitting (Laitinen 2010). On this view, recognition need not be mutual or reciprocal. We can talk about adequate recognition whenever A recognizes B as C and treats her in ways that are appropriate to B being C. That is, A recognizes relevant characteristics of C in B. These relevant or normative characteristics are ones which guide our attitudes towards other beings, for example the ability to feel pain and pleasure, rationality, consciousness, moral agency, social statuses, merits and so on (Laitinen 2010). In this regard, recognition is a matter of responsiveness to normative characteristics and of treating the person accordingly. It is important to notice that negative characteristics can be normative as well. If we recognize that someone is unable to take care of herself, we should treat her accordingly and that means taking responsibility for her.

The difference between adequate recognition and misrecognition is ultimately based on relevant evaluative features of the recipient. In the ten kinds of recognition discussed above, such features as equal dignity, unequal merits and personal significance are such evaluative features. It is unproblematic to assume that recognition in long-term care (where the majority of residents are cognitively challenged) could be adequate and concern residents' possibilities to feel respected, appreciated and loved.

In summary, residents may get to be properly recognized even if they do not participate in the process themselves. The recognizer acting according to the demands of adequate recognition is the *sine qua non* of cognitively challenged residents being recognized. When there are no cognitive impairments involved, the strict definition of recognition as a two-way process may well stand.

6 Responsibilities for recognition?

In this subsection we will ask which of the aspects enumerated above could realistically be addressed by long-term care professionals, and which are best left to other agents such as friends, family, the political system and managers (with the power to alter the institutional settings) and what is the responsibility of a resident herself. If it takes a village to raise a child, it presumably takes a village also to adequately recognize an old person in all relevant aspects.¹⁶

¹⁶ Above, in Section 3.4, we already touched different ways in which institutional and political arrangements affect recognition. There the focus was in elucidating how being regarded as an equal is an irreducible kind of recognition, alongside such features as recognizing the dignity,

Let us now visualize a situation in a sheltered house. There is a resident, John Smith, whose cognitive abilities have diminished due to Alzheimer's disease. Let us assume that John is our acquaintance from above, the resident in room 246, a new inmate of an institution, whose spouse still lives at home, who has two children and six grandchildren, who is a former engine driver and an active agent in a trade union, a biker and a folk dancer, who currently lives in a sheltered house. How may John be adequately recognized in all relevant aspects highlighted in this paper? Who can and who should be providing the needed recognition?

Some of the recognition takes place at the societal level, in the public perception of old age. In public discussion, John usually vanishes into the category of "old age" or into the crowd of old people. In our (neo)liberal world John easily represents otherness, becoming an age-other and an ability-other (Pirhonen et al. 2015). Representations and generalizations of societal subgroups are unavoidable in public discussion, but nothing prevents speaking about older people in a more positive way. Talking about "pension bombs" and "nurture bombs" is threatening and creates sense of otherness and intergenerational tensions. However, we might realize that "the old" is not a separate entity or an abject bunch of people "existing only in the misty realm of philosophical fantasy" (Marx and Engels 1978: 75; Pirhonen 2015: 37) but our blood relatives. John is *par excellence* a husband, a father, a grandfather and so on. Public discussion, and so all of us, bear some responsibility for the public perception of old age.

Another field of recognition is more narrowly the political system that guides distribution of long-term care. Politicians and civil servants possess the actual power to revise practices of health and social care in a recognition-friendly direction. Laws and guidelines directing quality of long-term care in Finland (Finlex 2012; Ministry of Social Affairs and Health 2008) do emphasize treating persons in ways sensitive to individual differences. However, good intentions seem to vanish when transferred from printed paper to the actual world of care and nurture. It is the job of voters in public elections to choose politicians who dare to 'put their (read: our) money where their mouth is'. After all, advanced societies such as the Nordic welfare states are wealthy enough to take proper care of everyone. What needs to be re-assessed is the distribution of common wealth and that is a matter of recognition as equals or as "peers"

autonomy and voice of persons. So there the point was to demonstrate that equality as a recipient is one way of being recognized, along the nine other aspects of recognition. We did not there argue about whose responsibility it is to give such recognition, say, to distribute resources. This question of responsibility for recognition will be addressed in this subsection.

(Fraser and Honneth 2003). Another job for the politicians is to make the service systems less complicated and more equal regionally and socioeconomically. We need alternatives to home care in the future, too. In the political field, John is a citizen and a possible voter.

In addition to public opinion and the political system, some responsibility of recognizing older people receiving long-term care can be located at the local institutional level. Every single facility should reassess their practices to support recognition, and this angle should be highlighted already when new facilities are being designed. Facilities need to be convenient, easy to use and support both privacy and socializing. Practices and daily living do emphasize recognition when they truly are based on the needs of the residents and not on the needs of the nursing staff. Managers of caring institutions could make it their business to make residents feel loved, respected and appreciated. The role of leadership is essential considering the establishment of recognition-based care. At this level, John might be seen a client with certain rights.

As John lives in a sheltered home, it is, however, obvious that daily human contacts inside it are the backbone of his recognition and the nursing staff is the key recognizer. Recognizing John starts with - recognizing John! Every single member of staff must realize that she is dealing with John, not an anonymous sheltered home resident. The staff is to treat John as an individual who is important to his significant others. Nursing staff needs to get to know John's personal history in order to support his fragile identity. To support John's dignity, the staff needs to treat him without humiliation. One significant inspiration for staff is noticing the connection between recognition and responsibility for the disadvantaged. Rephrasing Levinas (1969), the face of a disadvantaged neighbor calls for compassion and responsibility. Supporting autonomous self-rule must end when prerequisites for it have gone.

John's friends and relatives may recognize him concretely by visiting him in the sheltered home. Former connections with friends and even with family members may unfortunately break off when one moves into long-term care.¹⁷ Some members of staff may become close and some nurses actually feel love and compassion for residents, although it cannot be expected that paid labor feel love for older people. But maybe compassion? Friends and relatives are also key informants concerning John's life-long personality when John is not able to speak for himself. The shortest way to misrecognition of a resident is the shortage of knowledge of her life-long personal features. It is a job for the close ones to make sure that the nursing staff know who they are dealing with. John is their relative and friend, and they know his life-story better than the staff.

17 Pirhonen et al. (2017).

Other residents may also recognize or misrecognize John, and they naturally bear the responsibility in that respect. Previous studies have shown that older people categorize their peers quite precisely. Degnen (2007) found out that members of a day care center in Britain constantly watched over each other's cognitive capabilities and any noticeable weakening led to gossiping and segregation. In a study by Townsend et al. (2006), older people divided their peers into groups of heroes, villains and victims according to their success at maintaining their personhood in spite of aging. We have also heard residents referring to cognitively disadvantaged peers as "zombies" or "the geriatrics" in sheltered homes. It is natural that old people with diminishing abilities hang on to what they still have (King et al. 2012) and make strict distinctions to those worse off (Pirhonen et al. 2015). However, old age is not a reason to behave badly. It might help if residents got proper information about their peers' health problems already when moving in, so they would better understand their setting. At this level, our John is a peer, and members of the peer group bear the responsibility, to the degree that they are capable of it, for recognizing John as a peer.

7 Conclusions

According to our study, philosophical theory of recognition seems to be a perfect heuristic instrument when maintaining personhood in long-term care for older people. Recognizing residents as persons starts with recognizing their existence both at symbolic and practical levels. This demands encountering them in every interactional situation. Due recognition demands also recognizing a resident as a person connected with her significant others. A long-term care facility should thus be a real home where also visitors feel appreciated and welcomed. These aspects were discussed in Section 2. Invisibilization and the feeling of being a mere replaceable burden are evils that can be avoided.

Further forms of adequate recognition are based on recognizing residents' universal and particular characteristics. First, Universal recognition starts with maintaining human dignity by treating a resident with a non-humiliating attitude and without humiliating practices. Second, the guiding principle in long-term care is to maintain residents' self-rule as far as possible, but not any further (whereas in childhood and youth, it is advisable to demand more and more autonomy and responsibility, so that the children can practice taking more responsibility). Providers of care should always consider the borderline between self-rule and abandonment. Taking responsibility for vulnerable people is the

bridge between these two. Adequate recognition avoids paternalism and disenfranchisement. Third, decent care provides residents with ways to have a voice of their own and fulfil the human need for conversational interaction, while avoiding epistemic injustice and voicelessness. Fourth, universal recognition demands a fair distribution of care and provides experiences of being regarded as an equal. One should get the care one needs regardless of one's personal traits and personal situation. These four universalist forms of recognition and corresponding forms of misrecognition were discussed in Sections 3.1–3.4.

In addition to such universal characteristics, decent care also acknowledges particularities. These were discussed in subsection Four. When someone moves into a care facility, her previous identity may be in strain for several reasons, due to functional, cognitive and psychosocial losses. Her identity needs to be supported by recognizing her previous, life-long identity, as well as past achievements, merits and contributions (Section 4.1). As discussed in Section 4.4, recognition has the force both to create and to maintain identity. Recognizing individuals is important in care settings where there are traditionally quite strict roles for people. Individuality might vanish behind the roles of residents, patients and inmates – and sometimes more caution is needed when attributing the roles of a “patient”, or the “sick” (Section 4.2). Though being an older person is a matter of vast heterogeneity and plurality, it also is a particular period considering the course of one's life. This, and the specific values of old age, should be acknowledged in care settings (Section 4.3). We also suggested that the relevant form of recognition in long-term care includes both one-sided and strictly mutual recognition (Section 5).

Personhood and identity of residents are much safer when these aspects of recognition are operationalized in particular care settings, and institutionalized at different levels of society (Section 6). A decent care provider understands the deep responsibility to support residents' fragile personhood and appreciates it as a major aspect of good care. The aspects of recognition discussed above are to be realized to a significant extent in order to support residents' feelings of being loved, respected and appreciated until the end of their days.

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